			22010				
S. No. 2 M-2-437	l 6. a	CATE OF BEATH	33819				
5-17-39	LD NOV 1 1019 100	FICATE OF DEATH State File No	185				
I X35697	Registration District No. Primary Registration Dist	rice No. 602 Registrar's No.	-11.50				
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	48				
ا ۾	(a) County Jackson (b) Circums Kansas City	(a) State Missouri (b) County Jackson	/ 5				
Ö, I	(b) City or town	(A Character Kansas City					
REC		(If outside city or town limits, write "RURAI") (d) Street No. 2509 Jackson Avenue	u*) O				
PERMANENT RECORD	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution.	(If rural, give location)	14				
	40 Veg rg (Specify whether	(e) Citizen of foreign country?	(Yes or No)				
Į.	In this community	If yes, name country.					
ER	3. (a) PRINT Mr. John A. Heillman, Sr.	MEDICAL CERTIFICATION					
- I		20. DATE OF DEATH: Month October 20th					
	3. (b) If veteran, So Social Security None No.	year	55 A. м.				
IAK		21. I hereby certify that I attended the deceased from	<i>y</i> −				
٦	4. Sex Male 5. Color or White 6. (a) Single, widowed, married.						
X	6. (b) Name of husband of wife Mrs. 6. (c) Age of husband or wife if	that I last saw hi alive on and that death occurred on the date and hour stated above.	<u>19.4.2</u> ;				
	Iris Heillman 44 years	Immediate cause of death	Duration				
C	7. Birth date of deceased December 7 1888 (Month) (Day) (Year)	May heart					
BL							
ပ္ခ	8. AGE: Years Months Days If less than one day	Due to					
	54 10 13 hr. min.	Due to					
FA	9. Birthplace Omaha Nebraska						
5	(City, town, or county) (State or foreign country) 10. Usual occupation. (State or foreign country)	Other conditions					
SE	11. Industry or business Kansas City Police Department	(Include pregnancy within 3 months of death)	PHYSICIAN				
7	E Potom A Wodding	Major findings: Of operations					
ᅔᅵ	Sweden 4		Underline the cause to				
	(City, town, or county) 77 m 1 m o www (State or foreign country)	Of autopsy	which death should be				
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE	Sweden //		charged sta- tistically.				
P	15. Birthplace (City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:	-				
	16. (a) Informant no hellonar	(a) Accident, suicide, or homicide (specify)	***************************************				
▶	(b) Address (b) Date thereof (No.1) (D.) (No.1)	(c) Where did injury occur?					
	[[During, Cremation, or removal) [Month (Day) (1967)	(City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in	(State) public place?				
	(c) Place: burial of remarkon Forest Hill Cemetery		•				
	18. (a) Signature of funeral director W. M.	While at work? (Specify type of place) (c) Means of injury.					
	(0) Address (A) (D) (S) (D)	23. Signature / Lill h Wart (M.D. or	other) L.				
	19. (a) (Date received local revisitrar) (b) (Registrar's signature)	Address (8 1 Date sign	red D. Lay				
	(Licensed Embalmer's Statement on Reverse Side)						

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	he reverse side of this ce	rtificate was embalmed by me. or	by
Thereby certify that the body whose name is recorded on the			•
working under my personal supervision.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.